

COMMITTEE ON THE PROPOSED

PROPOSALS

OF THE

LOCAL HEALTH DEPARTMENT

OF THE

NEW YORK CITY

HEALTH DEPARTMENT

OF THE

Replacement for M.O.H report for 1946.

This booklet is intended as an authoritative guide to the services made available by the Merthyr Tydfil County Borough Council as the Local Health Authority for the Borough, under the provisions of the National Health Service Act, 1946.

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NATIONAL HEALTH SERVICE ACT, 1946.

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CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22).

PART I.

GENERAL STATISTICAL DATA.

1. Total mid-1946 population of the Authority's area = 60,340.
2. Total mid-1946 number of children under 5 in the Authority's area = 4,983.
3. Number of registered live births in the Authority's area.
Legitimate and illegitimate :—
1945 = 960 1946 = 1,141.

EXISTING SERVICE.

The administrative responsibility for this service rests with the Medical Officer of Health, who is also the School Medical Officer. He has also on his staff three Assistant Medical Officers who are also Assistant School Medical Officers. The Medical Officer of Health is responsible to the Maternity and Child Welfare Committee, a Sub-Committee of the Local Health Authority. The Welfare Authority, in co-operation with the Education Authority, employ six Health Visitors who undertake duties for both authorities (the normal complement of Health Visitors is eight). Their duties include health visiting, school medical service work, child life protection, supervision of midwives, attendance at ante-natal clinics, infant welfare clinics, and school medical clinics. There was until recently a non-medical supervisor of midwives and health visitors. This lady has now been superannuated. In view of the impending legislation at the time, it was not thought advisable to employ another Superintendent. The clerical staff for the administration of this service is equivalent to 2½ full-time clerks.

There are at present four clinics in the Borough—two of which are open full-time and the other two are open one day per week. On these premises ante-natal, post-natal and school medical services all function. Six sessions per week are normally given to ante-natal clinics, and the post-natal clinics take place on the same afternoon and on the same day. This has been due to shortage of accommodation and medical staff. There are four infant welfare sessions held at these clinics on different days from the ante-natal clinics.

In addition to a doctor and a health visitor being present at the ante-natal clinics, the Midwives for that area also attend. Women are encouraged to visit the ante-natal clinics as soon as they suspect that they are pregnant, and are seen throughout pregnancy at least once a month, and oftener towards the end of term. Consultations take place between the Medical Officer of Health, the doctors and the midwives as to the suitability of home circumstances for confinement and other socio-medical matters. Routine examinations are carried out. Certain abnormalities which require attention—for example, Version without Anaesthesia—are dealt with at these clinics; but for abnormalities requiring hospitalisation these women are ad-

mitted to the Tydfil Lodge (the property of the Merthyr Tydfil Public Assistance Committee) or the Gwaunfarren Maternity Home (the property of the Local Health Authority). X-Raying for abnormalities is also carried out at the Tydfil Lodge, and appropriate charges are made by one department of the Corporation (Public Assistance Committee) to the Health Authority. The Radiographer at the Tydfil Lodge is employed by the Merthyr Tydfil Corporation.

ARRANGEMENTS FOR CONFINEMENT.

In cases of unsatisfactory home conditions or in cases of suspected or actual abnormality, women are advised to enter the Tydfil Lodge or Gwaunfarren Maternity Home. If confinement takes place at home the services of the Municipal Midwives are available, and in cases of difficult labour Medical Aid can be obtained in accordance with the Midwives Act, 1936.

CONSULTANT SERVICES.

Professor Strachan visits the Merthyr Clinic for consultation in respect of abnormal cases. He is also the Consultant employed by the Merthyr Tydfil Corporation at the Public Assistance Institution and at the Gwaunfarren Maternity Home, so that the necessary co-ordination and integration of services already exist. In addition he conducts post-natal clinics at Merthyr, and any operative work recommended is performed by him at the Tydfil Lodge.

STERILISED MATERNITY OUTFITS.

Sterilised maternity outfits are supplied free of charge to expectant mothers who attend the Clinic in the area.

DENTAL SERVICE.

The Local Education Authority's Senior Dental Officer is responsible for the treatment of Expectant and Nursing mothers. These mothers and children are referred to him from the ante-natal and infant welfare clinics. All treatment is carried out at one clinic in the Borough (MERTHYR). X-Ray facilities are available at the Tydfil Lodge.

A Dental Mechanic is employed by the Health Authority for five days per week and dentures are supplied, where necessary, at a cheap rate.

The services of the Dental Officer are equivalent to approximately one-sixth service of a full-time Dental Officer.

CHILD WELFARE CLINICS.

All mothers are encouraged to attend with their infants at the Child Welfare Clinics, where the necessary medical advice is given. The importance of Immunisation against Diphtheria is stressed at about the ninth month, and facilities exist for the immunisation of children on the same day and at the same premises as the Infant Welfare Clinics are held.

SPECIALIST SERVICES.

Specialist Services are available for children in respect of :—

- (a) Orthopaedics,
- (b) Ophthalmie.
- (c) Ear, Nose and Throat.
- (d) Heart and Rheumatic diseases.

The Consultants available are respectively :—

- Mr. A. O. Parker.
- Mr. Rupert Parry.
- Mr. R. D. Owen.
- Mr. Hector Thomas ; and
- Dr. Arthur Watkins (Heart and Rheumatic Diseases), who is also available for general Paediatrics.

ORTHOPAEDIC DEFECTS.

These are seen by Mr. A. O. Parker either at special sessions locally or children alternatively are sent to the Prince of Wales' Hospital, Cardiff. Major operative work is done either at the Tydfil Lodge, Merthyr Tydfil, or at the Prince of Wales' Hospital, Cardiff. Minor operative work such as Manipulation of Talipes Equinovarus is done at the Clinics, and remedial exercises, massage, radiant heat, etc., are under the care of a specially-trained Orthopaedic Nurse. These arrangements for the orthopaedic treatment of Infant Welfare cases are co-ordinated with the treatment of the work of the School Medical Service.

OPHTHALMIC DEFECTS.

Dr. Rupert Parry is employed as a Consultant by the Education Committee and the Infant Welfare Authority, and he is the responsible consultant for these defects. Children are regularly referred to him.

EAR, NOSE AND THROAT DEFECTS.

Children are referred for suspected abnormalities to the Ear, Nose and Throat Consultant employed jointly by the Education Authority and the Local Health Authority, for this purpose.

PAEDIATRICS.

Dr. Arthur G. Watkins is the Paediatrician employed by the Local Authority for general Paediatrics in relation to Infant Welfare children and children of school age.

A.—Ante-natal Clinics :

- (1) Number of clinic premises = 4.
- (2) Number of expectant mothers who attended in 1916 = 1,191.
- (3) Number of sessions held weekly = 6.

B.—Post-natal Clinics :

(1) Number of clinics = 4.

(2) Number of sessions held weekly = 6.

C.—If arrangements are made with general practitioners :
NIL.

D.—Child Welfare Clinics :

(1) Number of clinics = 4.

(2) Number of sessions held weekly = 4.

E.—Day Nurseries :

NIL.

F.—Residential Nurseries provided under Maternity and Child Welfare powers :

NIL.

G.—Mother and Baby Homes :

NIL.

H.—Dental Treatment given in 1946 :

(1) During the year 1946, the number of expectant and nursing mothers treated at the Clinic were 260. The following work was carried out :—

Fillings	63
Extractions	1064
Local Anaesthetics	112
Other operations	62
General Anaesthetics	152
Attendances made	294

During the year dentures supplied ... 32

(2) Number of children under 5, not in attendance at school but who visited the Clinic during the year 1946 =
The following work was carried out :—

General Anaesthetics	42
Fillings	27
Extractions	320
Local Anaesthetics	30
Other operations	42
Attendances	240

There were no X-Rays taken in respect of expectant and nursing mothers, nor to children under 5 years during the war.

PART II.

DESCRIPTION OF THE SERVICE WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

A.—GENERAL ARRANGEMENTS.

1.—Administrative Arrangements :

The Local Health Authority propose to continue the existing service described in Part I. The Medical Officer of Health, who is also the School Medical Officer, will be assisted by three Assist-

Medical Officers of Health, whose work will be divided between School Medical Service and Maternity and Child Welfare Services in general. The Medical Officer of Health will be responsible to the Maternity and Child Welfare Sub-Committee of the Local Authority's Health Committee. A Senior Dental Officer will be appointed for the organisation and development of the new Dental Service and School Dental Service, subject to the co-ordination of the Medical Officer of Health. There will be an additional appointment of a Dental Officer as soon as premises and equipment are available for him.

It is hoped that by the appointed day two Health Visitors, to replace those who have resigned, will be available. Advertisements for Health Visitors, however, are bringing no response at the present time.

2.—Joint Arrangements :

No joint arrangements with other local authorities are proposed unless the Welsh National Memorial Association and/or the Joint Cancer Committee for South Wales and Monmouthshire are still in existence.

It does appear, however, that the services in Cefn would be better dealt with, having regard to the facilities existing here, by the Merthyr Tydfil Local Health Authority, but that is a matter for the Breconshire County Council.

3.—Liaison With Other Bodies :

It is not proposed to make arrangements with any voluntary organisation.

4.—Arrangements with Voluntary Organisations :

Close integration of the services of the Local Health Authority with the Hospital services in this area exist at the present time, in view of the fact that the Council own the Tydfil Lodge, Gwaunfarren Maternity Home and the various clinics, and that the Medical Officer of Health is the responsible officer to the Local Health Authority and to the Public Assistance Committee. The ante-natal and post-natal clinics are already outposts of the Hospitals, and it is assumed that the present arrangements will continue. The Local Health Authority propose consulting the Regional Hospital Board in regard to these matters, and they have every confidence that the existing arrangements will continue until such time as the Hospital Board will erect a new Hospital in this area. In order to integrate further the paediatric position, it is proposed that before the appointed day one of the Assistant Medical Officers dealing with children at the clinic will spend a portion of her time in the Children's Ward at the Tydfil Lodge.

Specialist Services provided by the Regional Hospital Board :

The Local Health Authority has on the staff all the necessary consultants, and it is assumed that these will be available through the Regional Hospital Board after the appointed day.

(b) **Nursing Mothers :** The aim of the Dental Officer will be to carry out as much conservative treatment as is possible, plus the eradication of sepsis in the early stages of pregnancy, so that in the case of nursing mothers there should only be required the completion of conservative treatment and possibly the provision of dentures in cases where these have not been provided before confinement.

(c) **Young Children :** In this area large numbers of children enter primary schools at the age of 3 years, and it is proposed that these children will be given priority over the late age groups. Each nursing mother on her first attendance will be given a card encouraging her and the baby up to three years to visit the clinic for periodical inspection and treatment.

(2) **Dentists :** The dental staff of the Local Authority comprises two full-time dentists who devote their time to school medical services, expectant mothers and infants. This staff is inadequate, but, as stated previously, premises are not yet available to house any new dental officer who may be appointed.

(3) **Number of Sessions Held Each Week :** The number of sessions held each week is equivalent to two sessions per week, and this arrangement cannot be altered by the appointed day until new premises are acquired and a new dental officer employed.

(4) **Dentures :** The Authority employ a dental mechanic five days per week, and all dentures are made by him on the Merthyr Clinic premises. These arrangements will be in existence on the appointed day.

4.—Supply of Welfare Foods :

National Dried Milk is obtained from the Food Office by the mothers on the production of a green ration book, and by far the majority of mothers take this milk. In other cases where National Dried Milk does not agree with the baby the mother is given a special voucher from the Clinic, and she is able to have one or other of the proprietary brands.

5.—Provision of Maternity Outfits :

At the present time expectant mothers are provided, free of charge, with Sterilised Maternity Outfits in cases where the confinement takes place at home.

6.—Nursery Provision :

The Council maintain one open-air Nursery School with accommodation for thirty children between the ages of 2—5 years.

There are, in addition, twenty-six nursery classes for children between 2—5 years on Primary School premises.

War-time Nurseries which were in existence have been closed, and no provision can be made for opening these because most of the children are accommodated in Nursery Classes.

7.—Care of Unmarried Mothers and their Children :

The necessity for provision, other than provision for confinement, has arisen in this area only in very exceptional cases. An unmarried mother is usually received back into the family after confinement at Tydfil Lodge, Merthyr Tydfil. If any difficulty arises then the Secretary of the Llandaff Diocesan Moral Welfare Association is contacted and provision is made at The Haven, Newport Road, Cardiff. Working arrangements exist between them and the Salvation Army Authorities at Cardiff.

PART III.

DEVELOPMENT PLAN.

The existing premises for Clinics are structurally unsuitable and inadequate in number. The premises at Treharris and Troedyn are ordinary schoolrooms. The Clinic premises in Merthyr Dowlais are slightly better, but they are inadequate in size and faulty in general lay-out. Mothers with their children in perambulators to be seen outside these Clinics often in inclement weather, wait for consultations. It appears, however, to be extremely unlikely that permission will be given for the erection of new premises specifically designed for the purpose of Health Centres for some time to come. The Local Authority, therefore, propose to acquire suitable premises when available and to convert them into Centres for this purpose. To this end negotiations are now proceeding for the acquisition of Canonbie House, in the Merthyr Vale area, and there is a possibility also of acquiring a house in the Troedyrhiw area. The same process will be followed as far as Merthyr and Dowlais are concerned. In addition to the Clinics already mentioned, the Local Health Authority consider it a matter of urgent importance to erect a new Centre at Galon Uchaf, which is the Council's new Housing Estate. There will be on the appointed day at least 700 houses on this Estate, and they have already been prepared for the erection of 3,000 houses. The Local Health Authority are of the opinion that it is urgently necessary to make almost immediate provision in this area, even though the structure be only a temporary one.

The erection of Clinics is closely linked with the question of medical and dental staff, and appointments cannot be made until suitable premises are available. In this connection also, the Local Health Authority desire to mention that they have had an opportunity of employing an Orthoptist, but unfortunately the necessary appliances cannot be obtained from any manufacturers in England and Wales, and a communication will be addressed to the Ministry of Health in respect of this matter.

Reference has been made in Part II. of the liaison existing between Clinics and the Tydfil Lodge Institution. It is assumed that when the Regional Hospital Board takes over on the appointed day, the further integration of the service will take place between the Board and the local Voluntary Hospital.

MIDWIVES' SERVICE (SECTION 23).

PART I.

STATISTICAL DATA.

Total number of domiciliary births in the Authority's area :—

(a) 1945 = 454. (b) 1946 = 630.

Total number of births in the Authority's area :—

(a) 1945 = 960. (b) 1946 = 1,141.

EXISTING SERVICE.

The number of existing whole-time salaried midwives employed directly by the Local Authority is 11, and they reside in the following areas in the Borough :—

Treharris	2
Merthyr Vale	1
Troedyrhiw	1
Pentrebach and Lower Merthyr ...	1
Town of Merthyr	3
Penydarren	1
Dowlais	2

It is to be noted that more than half the confinements in the year 1946 took place at the Tydfil Lodge, Merthyr Tydfil, or Gwaunfarren Maternity Home, Merthyr Tydfil. These Municipal Midwives are under the control of the Medical Officer of Health. The three Assistant Medical Officers of Health are practically in daily touch with the Midwives concerned, but at the present time there is no lay supervisor of midwives. These Midwives attend the Ante-natal Clinics throughout the Borough at the same time as the expectant mother, and the necessary interchange of information takes place between the doctors, Health Visitors, and Midwives.

They are responsible for the care of the expectant mother for days after the birth of the child.

In addition to those employed by the Council, there are two independent Midwives in private practice.

The only arrangement made by the Local Authority is with the Glamorgan County Council, whose midwives attend to the mothers in the Incline Top area, Abercynon. The average number of cases delivered by these Glamorgan midwives is approximately four per year.

It is to be noted, however, that Breconshire, Caerphilly, Gellyer, and Aberdare have made arrangements with the Local Authority for the admission of abnormal cases to the Tydfil Lodge Institution and the Gwaunfarren Maternity Home.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1 and 2.—The general arrangements as described in Part I. will operate on the appointed day, and the Authority will retain the services of the 11 Municipal Midwives and two midwives whose services are used for the holidays-reliefs from May to October. This number is considered adequate if the arrangements for domiciliary confinement at the Tydfil Lodge and Gwaunfarren Maternity Home will still exist.

It may be that fewer cases would be admitted to these Institutions, but that would be a matter for discussion with the Regional Hospital Board.

3.—No arrangements will be made with voluntary organisations or other bodies in respect of this matter.

4. It is proposed to continue arrangements with the Glamorgan County Council whereby their midwife will attend to the three or four cases per annum in that area.

ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES.

The Superintendent Health Visitor until recently was Supervisor of Midwives, but in order to co-ordinate all health work under the Local Authority, which will include supervision of Midwives, Health Visitors and Home Nursing Services, it is proposed to appoint a Supervising Nursing Officer who will be responsible to the Medical Officer of Health for these services.

It is not proposed to have a Medical Superintendent by the appointed day, specifically appointed for this purpose, but the Assistant Medical Officers' advice will be available to the Superintendent Nursing Officer.

TRANSPORT.

The housing arrangements for all Midwives are satisfactory, and the Local Health Authority, during the year, have allocated prefabricated houses for two of the Midwives. They all live in the District in which they function. The question of transport, therefore, is not as urgent a problem in this area. In case of emergency, Midwives are permitted to use taxis, but this is a very rare occurrence. When they have been trained in Gas and Air Analgesia it will be necessary to consider other arrangements.

ANALGESIA.

Repeated attempts have been made to obtain facilities for the training of Midwives for Gas and Air Analgesia, but accommodation at Cardiff has not been available. Arrangements will be made for the training of all Midwives in approved methods of Analgesia.

PART III.

It is considered that the whole of the area is adequately covered at the present time. Housing accommodation is not necessary, and the only point that will have to be given serious consideration is the training of Midwives in Analgesia.

HEALTH VISITING (SECTION 24).

PART I.

STATISTICAL DATA.

- 1.—Area in square miles of Local Authority's area = 27½ sq. miles.
- 2.—Total mid-1946 population = 60,340.
- 3.—Number of births in 1946 = 1,200.

EXISTING SERVICE.

The Local Authority, in co-operation with the Local Education Authority, normally employ eight Health Visitors and a Superintendent. The Superintendent has left the service for some months, and in view of the impending legislation it was not considered advisable to make an appointment. Two Health Visitors have also recently left the service, and in spite of repeated advertisements, we have not been able to replace them. The Health Visitors are employed directly by the Council, and not by any other agency or body. Their duties are combined with School Medical Service work, Supervision of Midwife General Care and Supervision of Infants, Child Life Protection, etc. They also attend ante-natal clinics, infant welfare clinics, and school medical clinics apart from their general health visiting in the District.

The total number of visits paid to expectant mothers was 1,430.

To children under one year = 6,475.

To children 1–5 years = 6,690.

PART II.

DESCRIPTION OF SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

General Administrative Arrangements :

1.—In pursuance of the Act the scope of the service will be visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness, expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

2.—It is hoped that by the appointed day a full staff of Health Visitors, 8 in number (part-time equivalent of 4 full-time Health Visitors), will be available. It is proposed to employ, as stated before, a Superintendent Nursing Officer to co-ordinate this work of midwives and the work of Home Nurses.

3.—No arrangements are proposed with voluntary organisations.

4.—No joint arrangements are proposed with other Local Health Authorities.

TRANSPORT.

The ordinary omnibus service existing in the Borough is considered sufficiently adequate for the time being, but consideration may be given later to the provision of small cars for the combined use of wives, health visitors, and home nurses.

PART III.

DEVELOPMENT PLAN.

As indicated in Part II., the area will probably be covered by the appointed day. The necessity, therefore, for further appointments probably not obtain.

HOME NURSING (SECTION 25).

PART I.

- 1.—Area in sq. miles of Local Health Authority's area = 27½ miles.
- 2.—Total mid-1946 population = 60,340.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

General Administrative Arrangements :

1.—There are at present six separate Nursing Associations in the County Borough of Merthyr Tydfil, as follows:—

- (a) Dowlais and Penydarren Districts.
- (b) Merthyr District.
- (c) Pentrebaech and Abereanaid District.
- (d) Troedyrhiw District.
- (e) Merthyr Vale and Aberfan District.
- (f) Treharris District.

These Nursing Associations are affiliated to the Glamorgan Nursing Association.

2.—The Local Health Authority propose to employ the district nurses who are already employed by the above Nursing Associations.

3.—It is not proposed to make any arrangements with voluntary organisations for this service.

4.—No arrangements are proposed to be made with another Local Health Authority.

TRANSPORT.

There is one car available for the Merthyr District Association and, having regard to the fact that these nurses reside in the areas concerned, it is not proposed to make any further provision other than that mentioned in Appendices "B" and "C" re transport of Midwives and Health Visitors.

PART III.

DEVELOPMENT PLAN.

If the staff at present employed by the Nursing Associations remain, it will only be necessary to have one additional nurse for relief and holiday periods. The question of transport will be reviewed in the light of experience. It is hoped that the nurse employed will have had Queen's training or that courses will be established for these periods by some central authority in Wales.

VACCINATION AND IMMUNISATION (SECTION 26).

PART I.

STATISTICAL DATA.

- 1.—Total mid-1946 population of the Authority's area, Registrar General's quarterly return = 60,360.
- 2.—Mid-1946 child population of the Authority's area :—

(a) Under 5	4,983
(b) Ages 5-15	8,600
- 3.—Number of registered live births in the Authority's area in :—

(a) 1945	960
(b) 1946	1,141
- 4.—Estimated percentage of mid-1946 child population who had been immunised against Diphtheria up to 31st December, 1946 :—

(a) Under 5	43 %
(b) Ages 5-15	90 %
- 5.—An estimate of the number of vaccinations against Smallpox and immunisations against Diphtheria of children aged 0-15 years which are likely to be undertaken in the year to 31st March, 1949.
 - (i) Immunisations against Diphtheria :—

0-2 years	1,000, and
	5,000—one re-inforcing injections.
 - (ii) Vaccinations against Smallpox :—

	250.
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PART II.

DIPHTHERIA IMMUNISATION.

A.—CHILDREN UNDER 5:

(a) In order to ensure that as many infants and young children as possible are immunised, the Council will provide facilities at Child Welfare Clinics and at such other centres as may be necessary; and at all such clinics or centres special sessions will be arranged for the performance of immunisation.

The Council will also make arrangements for the carrying out of immunisation in individual cases by general practitioners taking part in the Council's scheme.

- (1) The Health Visitors and School Nurse will visit the home of every child a few days before the child attains its 12 months' birthday, will report to the Office that the child is alive and well; the Office Staff then will send out a First Birthday Celebration Card (copy of which is enclosed—this card is issued by the Central Council for Health Education); the following week the Health Visitor re-visits the Home and points out the advantages of immunisation to the parents. This will be done every time the Health Visitor visits.

(b) The Council will plan the sessional arrangements at such clinics or other centres as will make these facilities as readily accessible as possible to persons living in any part of its area, and will ensure that sessions are held with sufficient frequency and at such times as will meet local requirements without delay or difficulty for those wishing to take advantage of them.

(c) The organised measures to be taken for the encouragement of Immunisation through Health Visitors, Midwives, Teachers, etc.:-

- (1) Results of Immunisations frequently brought to the notice of the Health Visitors. Competitions set up between the Health Visitors in respect of Immunisations in their area. Health Visitor for the area always present, because she is friendly with the parents, at the Immunisation Clinic.
- (2) Midwives: Municipal midwives instructed to bring Immunisation to the notice of mothers before they leave their care.
- (3) Teachers: Teachers are encouraged to advocate Immunisation in Schools. Circulars sent out to all Schools advocating Immunisation and a form given to each child for the signature of the parent. Sanitary Inspectors required to stress the importance of Immunisation when inspecting the home.

(d) The steps to be taken to keep the facilities of Immunisation before the public and to make known the place and times of sessions

- (1) Advertisement in the local papers. Talk by the Medical Officer of Health on local radio relay. Advertisements and posters in various parts of the Borough.

(e) The means to be adopted for maintaining local propaganda and the use to be made of national publicity material made available by the department:—

- (1) Frequent reports to Local Authority Members should bring this matter before their respective organisations. Maintaining propaganda in the press and the circularising in the Clinics of material from the Central Council for Health Education.

B.—CHILDREN OF SCHOOL AGE :

(a) The Council will make sessional arrangements for immunisation to be carried out at schools, and at such other centres in conjunction, where appropriate, with arrangements for immunising children under school age also) as may be necessary. The same arrangements as for children under 5 will apply to children of school age as regards individual immunisation by general practitioners taking part in the Council's scheme.

(b) The Council will plan the sessional arrangements at such clinics or other centres as will make these facilities as readily accessible as possible to persons living in any part of its area, and ensure that sessions are held with sufficient frequency and at such hours as will meet local requirements without delay or difficulty for those wishing to take advantage of them.

(c) The Council will expressly urge, in particular, school teachers and persons engaged in the School Medical Service, as well as others whose duties afford them appropriate opportunity, to encourage immunisation.

(d) The steps to be taken to keep the facilities for Immunisation before the public and to make known the places and times of sessions :—

- (1) Advertisement in the local papers. Talk by the Medical Officer of Health on local radio relay. Advertisements and posters in various parts of the Borough.

(e) The means to be adopted for maintaining local propaganda and the use to be made of national publicity material made available to the department :—

- (1) Frequent reports to Local Authority Members should bring this matter before their respective organisations. Maintaining propaganda in the press and the circularising in the Clinics of material from the Central Council for Health Education.

(f) The arrangements to be made for giving re-inforcing injections to children primarily immunised in infancy :—

- (1) Schools should periodically be sent forms, which the teachers hand out, advising Immunisation and also acting as a Consent Form.
- (2) Sessional Immunisations given on school premises.
- (3) Schick Tests to be done periodically.

C.—RECORDS AND PAYMENTS OF FEES :

All Medical Officers and General Practitioners performing Immunisations will be required to furnish particulars for record purposes on the standard form is obtained from the Department. On the basis of receiving such particulars the Council will pay fees to general practitioners on such scales, according to circumstances, as are agreed on between the Ministry and the profession.

D.—MEDICAL ARRANGEMENTS.

The proposals should give effect, first to what is said in para. 7 of the circular regarding the implementation of Section 26(3) of this Act. They should also indicate to what extent the Authority's own Medical Officers will be used in connection with the Immunisation Service, and (as regards a County Council) to what extent it would have recourse to the services of District Medical Officers of Health (in arrangement with employing Authorities) acting in effect as agents of the County Medical Officer of Health.

- (1) The full-time officers of the Local Authority will be expected to do immunising at sessional clinics and at schools. In addition, all general practitioners in the area will be circulated inviting them to take part in the work, and they will be given the necessary standard form when this is available.

SMALLPOX.

A.—INFANT VACCINATION :

The proposals should be directed to the same considerations as are referred to in Para. A. under the heading of Diphtheria Immunisation (subject to any necessary modification as regards vaccination).

- (1) Cards will be made out similar to those made out for Diphtheria, and the Health Visitor will follow up the child to the age of six months, encouraging vaccination. All general practitioners in the area will be invited to perform vaccination. Vaccination in infancy only will be stressed unless an outbreak of Smallpox takes place. This work has not been undertaken by the Public Health Department, but if there is a general desire on the part of the parents to have this done, then sessional clinics will be held for this purpose in the same way as is done for Diphtheria. No attempt is going to be made in respect of pressing children of school age to be vaccinated.

B.—RECORDS AND PAYMENTS OF FEES.

The same arrangements will apply as referred to under the heading of Records and Payments of Fees regarding Diphtheria Immunisation.

C.—ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

Vaccination centres will be set up in the four clinics in the Borough, at which the Local Authority's Medical Officers or the General Practitioners will perform vaccination. The local arrangements would be indicated in the local press and on the radio relay.

D.—MEDICAL ARRANGEMENTS.

As stated above, vaccinations are not being done by the Health Department, and arrangements will still be made for the general practitioners unless there is an express desire on the part of the parent to have it done at the local clinics.

WHOOPIING COUGH.

The Local Health Authority propose to provide facilities for inoculation against Whooping Cough to such extent as may from time to time be recommended by the Medical Officer of Health, who will be responsible for deciding the antigen or antigens to be used for the purpose of the arrangements made, and will keep records to enable him to assess the value of the procedure in the prevention of Whooping Cough.

AMBULANCE SERVICES (SECTION 27).

PART I.

- Total mid-1946 population = 60,360.
- Area = 27.73 square miles.
- Particulars of existing ambulances : The ambulance services existing at the present time are :—
 - (1) Tydfil Lodge Ambulance.
 - (2) Tydfil Lodge Sitting Car.
 - (3) Mardy Isolation Hospital Ambulances (2).
 - (4) Police Ambulance.
 - (5) Merthyr General Hospital Ambulance.
 - (6) Merthyr General Hospital Sitting Car.
 - (7) Ocean Colliery Ambulance, owned by the workmen.
 - (8) Merthyr Vale Colliery Workmen's Ambulance, owned by the workmen.

MERTHYR PUBLIC ASSISTANCE COMMITTEE AMBULANCE AND SITTING CAR.

- A.—District served : County Borough of Merthyr Tydfil, South Breconshire and North Glamorgan.
- B.—Number, type and carrying capacity of existing ambulances :
 - 1 Morris Commercial, 18 h.p. (1931).
 - 2 stretcher cases.
- C.—Number, type and carrying capacity of existing sitting-case cars :
 - 1 Austin 20 h.p. 5-seater (1931).
- D.—Number, type and carrying capacity of other vehicles (if any) :

Nil.
- E.—Ambulance Stations : Situated at Tydfil Lodge, Merthyr Tydfil. An agreement exists between Glamorgan and Breconshire whereby they pay 1/3rd of the total cost of the ambulance.
- F.—Arrangements for servicing and maintenance :

Minor repairs done by driver-mechanic on the staff.
Major repairs done in local garage.
- G.—Staff :
 - (i) Administrative staff : Tydfil Lodge clerical staff, associated with Master's Office responsible for administration.
 - (ii) 1 driver-mechanic (full-time).
 - (iii) 1 driver, who is part-time and normally does assistant engineering work at the Tydfil Lodge.
 - (iv) 1 full-time night driver.

H.—Number of calls during 1 year :

- (i) Ambulance calls per year, 936.
- (ii) Sitting-case car calls per year, 384.

I.—Total mileage run in same period similarly divided :—

- (i) Ambulance, 8,195.
- (ii) Sitting Case Car, 1,699.

Both these vehicles are mechanically unsound. A new Ambulance has been ordered, and it is necessary to order a new Sitting Case Car.

MARDY ISOLATION HOSPITAL, MERTHYR TYDFIL.

A.—District served : County Borough of Merthyr Tydfil, Southern Breconshire, Builth, Aberdare and Abercynon.

B.—Number, type and carrying capacity of existing ambulances :

- (i) 1 Austin 26 h.p. (1942) Army Type, 4 stretcher cases.
- (ii) 1 Ford V.8 30 h.p. (1939), 2 stretcher cases.

C.—Number, type and carrying capacity of existing sitting-case cars :—

Nil.

D.—Number, type and carrying capacity of other vehicles (if any) :—

Nil.

E.—Ambulance Stations : Mardy Isolation Hospital, Merthyr Tydfil. Breconshire and Aberdare are charged on a mileage basis when used for conveying patients to Merthyr Tydfil.

F.—Arrangements for Service and Maintenance :—

Serviced by a local garage, and minor work done by driver.

G.—Staff :

- (i) Admin. Staff : Health Dept., Town Hall, Merthyr Tydfil, responsible for the Mardy Isolation Hospital.
- (ii) 1 Driver full-time.
- (iii) 1 Driver part-time (does other work in the Hospital).
- (iv) 1 Attendant full-time.

H.—Number of calls during 1 year :

- (i) Austin Ambulance, 96 calls.
- (ii) Ford V.8 Ambulance, 382 calls.

I.—Total mileage run in the same period similarly divided :—

- (i) Austin Ambulance, 1,504.
- (ii) Ford V.8 Ambulance, 4,564.

There are a number of mechanical defects in the Ford V.8, and we are having continuous trouble with it.

The 26 h.p. Austin is a vehicle which we purchased during the war ; it is cumbersome, unwieldy, and unable to go up narrow streets. We had to purchase this type because it was the only one available during the war. One new ambulance is needed for the time being at this Hospital.

OCEAN COLLIERY AMBULANCE, TREHARRIS

(Owned by the Workmen).

- A.—District served : Abercynon, Pontypridd, Merthyr Tydfil, Dowlais, Treharris, Bedlinog, Trelewis and Nelson.
- B.—Number, type and carrying capacity of existing ambulances :
1 Bedford 25 h.p. (1936), 2 stretcher cases.
- C.—Number, type and carrying capacity of existing sitting-case cars :—
Nil.
- D.—Number, type and carrying capacity of other vehicles (if any) :—
Nil.
- E.—Ambulance Stations :—
Colliery Site, Ocean Colliery, Treharris.
No joint user.
- F.—Arrangements for Servicing and Maintenance :—
Major repairs at Baker's Garage, Merthyr Tydfil. Minor repairs and servicing by the ambulance driver.
- G.—Staff :
(i) Administrative Staff : Ocean Colliery Workmen's Committee responsible for the administration.
(ii) Driver in charge of vehicle—part-time. Works on colliery surface.
(iii) Attendant is a St. John's Ambulance man, also working on the surface of the colliery.
- H.—Number of calls during 1 year :—
Ambulance calls during 1 year, 370.
- I.—Total mileage run in the same period similarly divided :—
3,450.

COUNTY BOROUGH POLICE AMBULANCE, MERTHYR TYDFIL.

- A.—District served : County Borough of Merthyr Tydfil for street accidents.
- B.—Number, type and carrying capacity of existing ambulances :
1 Bedford 27 h.p. (1936), 2 stretcher cases only.
- C.—Number, type and carrying capacity of existing sitting-case cars :—
Nil.
- D.—Number, type and carrying capacity of other vehicles (if any) :—
Nil.
- E.—Ambulance Station : Police Station, Merthyr Tydfil.
- F.—Arrangements for servicing and maintenance :—
Maintained by Police mechanics, major repairs done by the Corporation.

G.—Staff :

- (i) Administrative Staff: Chief Constable's clerical staff.
- (ii) 2 Part-time drivers (Policemen).
- (iii) Ambulance fully manned for 24 hours.

H.—Number of calls during 1 year:—

370.

I.—Total mileage run in the same period similarly divided:—
This vehicle is used for other purposes than street accidents, e.g., taking of prisoners. Mileage, therefore, not recorded.

MERTHYR VALE WORKMEN'S AMBULANCE,
MERTHYR VALE.

A.—District served: County Borough of Merthyr Tydfil, and journeys to Cardiff Royal Infirmary. This ambulance is not in use for accidents at the mine, but is used for taking the patients who are relatives of the workmen to the Merthyr General Hospital and the Cardiff Royal Infirmary.

B.—Number, type and carrying capacity of existing ambulances:
1 Austin 20 h.p. (1930), 2 stretcher patients and 2 sitting patients.

C.—Number, type and carrying capacity of existing sitting-case cars:—
Nil.

D.—Number, type and carrying capacity of other vehicles (if any):—
Nil.

E.—Ambulance Stations: Beedle's Garage, Merthyr Vale.
No joint user.

F.—Arrangements for servicing and maintenance:
Beedles' Garage, for the Merthyr Vale Colliery Workmen.

G.—Staff :

- (i) Administrative Staff: Merthyr Vale Colliery Workmen's Committee.
- (ii) Two drivers supplied when required, by Beedle.

H.—Number of calls during 1 year:—

130.

I.—Total mileage run in the same period similarly divided:—
4,107.
Ambulance in a fairly good condition. Does not deal with Colliery accidents in the area.

MERTHYR GENERAL HOSPITAL, MERTHYR TYDFIL.

A.—District served: Merthyr Tydfil Borough, Bedlinog, Fochriw, Cefn, Pontsticill, and Dolygaer.

B.—Number, type and carrying capacity of existing ambulances:
1 Morris 25 h.p. (1932), 2 stretcher cases.

C.—Number, type and carrying capacity of existing sitting-case cars :—

1 Austin 12 h.p. 4-seater saloon (1932).

D.—Number, type and carrying capacity of other vehicles (if any) :—

Nil.

E.—Ambulance Stations :

Both garaged at the General Hospital, Merthyr Tydfil.

F.—Arrangements for servicing and maintenance :—

Repairs at present carried out by W. H. Baker, Merthyr Tydfil.

G.—Staff :

(i) Administrative Staff : Part-time administration staff—Secretary of the Hospital.

(ii) One driver for both vehicles. At present a part-time night driver is employed, who is called out when required. During the day he is in regular employment with another firm. In the event of his being unable to attend, the day man is called out.

H.—Number of calls during 1 year :—

(i) Ambulance, 500.

(ii) Car, 1,000.

Car is also used for administration purposes.

I.—Total mileage run in the same period similarly divided :—

(i) Ambulance, 4,800 miles.

(ii) Car, 6,000 miles.

The car is considered obsolete, and an order has already been placed for a new ambulance.

PART II.

1.—Service which will operate from the appointed day :

It is not anticipated that the Local Health Authority will be able to operate a comprehensive service on the appointed day.

The existing ambulances in three instances are unsatisfactory :—

(1) The Merthyr General Hospital Ambulance.

(2) The Merthyr Tydfil Public Assistance Committee Ambulance.

(3) The Merthyr Borough Police Ambulance.

The Merthyr General Hospital Authorities and the Merthyr Tydfil Public Assistance Committee have each placed an order for a new ambulance, and delivery of these is expected before the appointed day.

It is estimated that the Local Health Authority would be able to operate an efficient service with seven ambulances and three sitting-case cars.

A.—Co-ordination of Existing Services.

Pending the provision of a central depot which will enable them to bring into operation the arrangements contemplated in Section B. below, the Local Health Authority propose to operate directly from their present locations all the ambulances in the Borough with the exception of (1) that stationed at the Ocean Colliery, Treharris; and (2) the vehicle at present garaged at Beedle's Garage, Merthyr Vale. Agency arrangements will be made to ensure the maintenance of a 24-hour service by the latter vehicle which the Authority propose to purchase. Later, if alternative garaging accommodation can be found, the Authority will arrange for the direct operation of this ambulance. The terms on which the ambulance will be operated in the interim period will be such as may be agreed between the Authority and their agents, subject to the approval of the Minister.

Sitting Cases.

For the transport of sitting cases use will be made of cars to be stationed at Tydfil Lodge and Merthyr General Hospital until the permanent arrangements contemplated in these proposals are brought into operation.

B.—Development Plan.

(1) The Local Authority propose to locate one ambulance at the Merthyr General Hospital, one ambulance and sitting-case car at the Tydfil Lodge, and they are of the opinion that the two ambulances should remain at the Mardy Isolation Hospital. One of these ambulances, as stated before, was purchased during the war, and is cumbersome and unwieldy and unable to negotiate narrow streets in the Borough, but is useful for longer journeys and main streets. The other, which is a very old ambulance, is used in cases when the first cannot be used.

It may later be found that one modern ambulance only will be able to deal with infectious cases.

The Local Health Authority believe it to be more economical and effective that these ambulances should be associated with the hospitals concerned, and will enter into negotiations with the Regional Hospital Board regarding rental for use of garages in the hospitals and for the services of such part-time people as have been mentioned before.

(2) Accommodation will be required for two ambulances and two sitting-case cars to be located in the centre of the town. Communications have been addressed to the Home Office in respect of this matter with the object of building additional bays to the proposed new fire station. One of the ambulances will be used exclusively for accidents in the centre of the town and upper part of the Borough and would replace the Police Ambulance now located at the Police Station and which has, up to now, been used for this purpose. The remaining ambulance would be used to augment any of the hospitals

services and be in readiness for use if the colliery ambulance, located at Treharris, happened to be already summoned for emergency work by the Local Health Authority, viz., street accidents in the region of Treharris (lower valley). The two sitting-cage cars located centrally would be used for the removal of people to clinics and hospitals, and would also assist, particularly at night, in the transport of midwives in the area.

(3) It is intended that the lower part of the valley from Troedyrhiw to Treharris shall be served for street accidents and transport to hospital by the existing Merthyr Vale Colliery Workmen's ambulance. This ambulance is now used exclusively for the transport of miners and their wives and children to hospital, and is not used for colliery accidents.

The Merthyr Vale Workmen, who voluntarily subscribed to the upkeep of this ambulance, have agreed to transfer the same to the Local Health Authority on terms to be arranged.

It is proposed to continue the existing arrangement whereby Mr. Beedle, owner of a local garage, will be responsible for supplying drivers and for garaging the ambulance. This arrangement will be a temporary one to allow us to judge of its efficiency in the light of experience.

(4) A representative of the National Coal Board has agreed with the Medical Officer of Health that the ambulance owned by the workmen, located at Treharris Colliery, will be used for colliery accidents, but in emergencies, in the region of Treharris, use can be made of this ambulance.

(5) As stated previously, orders have been placed for one new ambulance by the Merthyr Tydfil Public Assistance Committee and one by the Merthyr General Hospital Authorities. It is assumed that these ambulances will be available by the appointed day, will be the property of the Minister, and as such will be transferred to the Local Health Authority.

It will be necessary to replace the Police Ambulance and purchase a new ambulance for the Central Depot to be located at the same site as the new N.F.S. Depot.

C.—Consultation with other Local Health Authorities in regard to joint arrangements:

A request has been received from the Breconshire County Council inquiring if the Local Health Authority will furnish a service to cover the area of Cefn and the Parish of Vaynor. To this request the Local Authority has acceded.

These arrangements, together with those which may be made with the Glamorgan and Monmouthshire County Councils, will provide mutual aid in emergencies, as well as assistance for the joint serving of particular areas on a regular basis.

D.—Staff :

One clerk.

Fourteen full time driver-attendants, who should be interchangeable in that they should be able to drive and be qualified in first-aid. Where there are part-time operatives, e.g., staff of the hospitals at which the ambulances are located, two such operatives will be regarded as the equivalent of one whole-time driver-attendant.

One maintenance assistant.

When sitting cases are taken by car, it is expected that the patient would be accompanied by a relative or friend if he or she is unable to travel alone.

E.—Maintenance and Servicing :

It is proposed to continue arrangements for servicing and maintenance by commercial garages in the Borough. The choice of garage would depend upon the efficiency of staff and priority of service.

F.—Conveyance of Patients by Railway.

Where a person for whose conveyance the Local Health Authority have a duty under Section 27 has to make a long journey, and cannot without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

G.—Call-out Arrangements.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in serving the County Borough, informed of the action to be taken when to call an ambulance. Discussions will be undertaken with the Local Telephone Manager with a view to working out details of telephone communications, with particular reference to emergency calls.

(1) Ultimately the Local Health Authority propose to accommodate two ambulances and two sitting-case cars in the new fire station which it is intended to erect in the centre of the town. Such arrangements, however, are designed solely with the view to securing central accommodation and linking up with the call-system of the Fire Service. Further combination of the Fire and Ambulance Services as dealt within Circular 109/47 (Wales) is not contemplated.

(2) It is estimated that, in order to provide adequately for conveyance where necessary, at any time of the day or night, persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers, from places in the County Borough to places in or outside the County Borough, and to meet the Council's obligations

to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will meet to comprise a total of 6 to 7 ambulances, 2 to 3 sitting-case cars, and 14 to 18 drivers and attendants.

The Council intend to develop the service as rapidly as circumstances permit, and its requirements will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff. Any such increases in the number of vehicles and staff which may be affected under this Development plan will be deployed at such of the stations as the needs of the service may require. Such temporary redistribution of vehicles and staff between the stations will be made as may from time to time be deemed necessary to ensure the most effective use of the Authority's ambulance resources.

(3) Two ambulances and two sitting case cars will be purchased within the year 1948-9.

(4) Further development would envisage the purchase in 1949-50 of another ambulance and sitting-case car to replace the ambulance at the Mardy Isolation Hospital and the sitting-case car at the Tydfil Lodge, and in 1950-51 the purchase of a new ambulance for the Merthyr Vale area would complete our replacements.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28).

PART I.

A.—TUBERCULOSIS.

A sub-committee of the Health Committee, called the Tuberculosis After-Care Committee, is at present dealing with this work.

Owing to the difficulties of obtaining food, clothing, etc., it was decided that financial payments be made rather than payments in kind to persons entitled to benefit under Memo 266/T.

It is now proposed to combine the duties in regard to Tuberculosis with duties in respect of the Prevention of Illness, Care and After-Care in general. The arrangements will be under the general supervision of the Medical Officer of Health. The present committee was chosen on the broad general principle that members of the Education Committee, Maternity and Child Welfare Committee, and the Health Committee should serve on it. It is now proposed to appoint a special Tuberculosis Health Visitor who will work in close co-operation with the part-time clerical assistant, already employed in order to further augment the scheme regarding such as:—

- (1) Extra nourishment for the patient or his family.
- (2) Clothes for patients and members of their families.
- (3) Outdoor shelters.
- (4) Beds, bedding, and nursing equipment.

(5) Assistance to patients in providing homes for children when it is necessary to remove children from households accommodating a patient suffering from tuberculosis or from households where the parent or parents are admitted to hospital.

(6) Provision of fuel.

(7) Assistance in the finding of housing.

(8) Assistance in finding suitable employment and the provision of tools to enable a patient to follow such employment.

The Authority will, should the need arise, and with the approval of the Minister, provide and maintain workshops, settlements, hostels and night sanatoria, or any of them, or will make joint arrangements with other Local Health Authorities or voluntary bodies for the purpose.

The officers of the Authority will maintain close co-operation with the Disablement Rehabilitation Officers and other officers of the Ministry of Labour and National Service.

The Authority will seek to make arrangements with the Regional Hospital Board for the joint appointment of appropriate medical officers, who will be employed partly in connection with

Board's services in relation to the diagnosis and treatment of tuberculosis and partly in connection with the Authority's services in relation to the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis. The Authority may join with a neighbouring Local Health Authority in making an appointment of this nature. The Authority will seek the co-operation of the Regional Hospital Board with a view to ensuring that tuberculosis visitors and other social workers visiting tuberculosis persons in their homes will be given an opportunity of spending part of their time in the tuberculosis dispensaries, working with the medical specialists.

B.—MENTAL ILLNESS OR DEFECTIVENESS.

It is proposed to deal with this matter separately.

C.—OTHER TYPES OF ILLNESS (OR ILLNESS GENERALLY).

In the light of circumstances and experience the Authority will, as considered desirable, develop arrangements for affording all necessary care and after-care to persons discharged from hospitals or other invalids; and will adopt whatever ways and means may be found possible to obtain systematically the requisite information about such persons. The arrangements in this respect will be such, however, as will not fall within the scope of the hospital and specialist services or of the Authority's duties under Part III. of the National Assistance Bill.

It is proposed that Home Nurses will be responsible for the care of some specialised cases such as Cancer, Diabetic and Rheumatic cases. It is probable that the Regional Hospital Board will notify the Local Health Authority of any cases requiring special care, such as Diabetic cases. Co-operation would exist with the local general practitioners and the Regional Hospital Board in these matters, and the general practitioners will be encouraged to use the services of the home nurses, as they have done in the past. It is proposed to employ an additional health visitor to co-ordinate the work of the hospitals and the patients discharged from there, particularly with reference to cases of Diabetes, Rheumatism and Cancer. The prevention of illness in general is intimately bound up with the work of the Department, with its Medical Officer, Assistants, Health Visitors, Sanitary Inspectors, etc., etc. Addresses will be given to members of the staff periodically on any new developments which take place, and that information will be passed on to the public via the local press and other agencies.

The Authority will seek to develop health education in its area by all appropriate means.

So far as the Authority may be concerned in arrangements with the Regional Hospital Board in the follow-up of persons under treatment for venereal disease, or of persons believed to be suffering from venereal disease, such arrangements will be carried out in co-operation with the medical officers of the venereal disease treatment clinics.

D.--PROVISION OF NURSING EQUIPMENT AND APPARATUS.

Arrangements are being made for the supply, on such terms as may be mutually agreed between the Authority and their agents, and as may be approved to the Minister from time to time, of nursing equipment and apparatus, owned by the St. John Ambulance Brigade, which will be given out on loan to the patients concerned.

The Local Health Authority will, if necessary, themselves supplement the services so provided.

APPENDIX "E."

PART II.

COST.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE :

Tuberculosis	1000	0	0
Nurse (Salary, etc.)	350	0	0
Propaganda, Literature, etc.	100	0	0
Duly Authorised Officer (Male) for other types of illness (mental illness, defectiveness, etc.)	500	0	0
Social Workers (2 females)	800	0	0
	<u>£2,750</u>	<u>0</u>	<u>0</u>

DOMESTIC HELP (SECTION 29).

PART I.

STATISTICAL DATA :

- 1.—Area in sq. miles of Local Health Authority's area : 27½ sq. miles.
- 2.—Mid-1946 population = 60,340.

EXISTING SERVICE :

Nil.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY.

General Administrative Arrangements :

1.—A scheme of Home Helps and Domestic Helps was placed before the Local Authority in accordance with Circular 2729 (Wales) and for domestic helps under Defence General Regulations, 1939. Only five applicants applied for the appointment—one was unsuitable and the others when they were asked to visit houses, where they were supposed to give assistance, refused to do so.

The Local Health Authority will give the necessary publicity and introduce a scheme de novo for domestic help, especially in respect of the care of mothers and young children.

The number of domestic helps to be employed will be eight. Their duties will be to attend :—

- (a) At the home to which she is sent daily for an aggregate period of 48 hours per week.
- (b) To undertake the domestic work usually undertaken by the mother, including the preparation of meals for the household, preparing the children for school, general cleaning of the home, and the odd washing of clothes. She will not wash the mother, make her bed, or undertake any of the duties of a nurse or midwife.

The salary to be given shall be related to that for domestics in hospitals.

It is not proposed at the present time to appoint an organiser of the same, but the Superintendent Nursing Officer will be generally responsible for the service, and the individual Health Visitors in the area would be delegated some of the supervisory functions relative thereto.

PART III.

It is hoped that the whole of the area will be covered by the appointed day.

MENTAL HEALTH SERVICES.

(SECTION 51).

PART I.

STATISTICAL DATA.

Population of the area = 60,340.

- (a) Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts = 101.
- (aa) Number of patients at present chargeable to the Local Authority under the Mental Deficiency Acts = 20.
- (b) Number of patients dealt with under the Lunacy and Mental Treatment Acts by the Relieving Officers of the area in the year 1946 = 63.
- (c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the year 1946 = 1.
- (d) Number of persons reported to the Local Authority as mentally defective in the year 1946 = 36.

PART II.

PROPOSALS.

A.—GENERAL :

1.—The Local Health Authority has considered the advice given in Circular 100/47, and in future the Mental Health services of the Local Authority will be a single service, combining Mental Treatment and Mental Deficiency Services, as they existed in the past.

The Health Committee will be responsible for the control of the combined service, and the Medical Officer will be responsible to the Committee for its administration.

The Local Health Authority consider it necessary, as suggested in the Circular, that a sub-committee should be appointed to deal with the Mental Health Services and that the Health Committee would delegate the detailed administration of this service to the sub-committee, for which powers are given in the fourth schedule of the Act.

B.—MEDICAL :

2.—As stated previously, the Medical Officer of Health will be responsible for the service and he will be assisted part-time, particularly as far the ascertainment of children is concerned, by one of the Assistant Medical Officers of Health, who has already been proved as a Certifying Officer under the Education Act, 1944. The Local Health Authority consider it necessary to appoint a full-time doctor, with special qualifications in psychological medicine, for de

ing with the problems of Mental Deficiency and Child Guidance. It will, probably, be necessary in some instances to refer certain cases to the Psychiatrist of the Swansea Mental Hospital, who visits the voluntary Hospital, Merthyr Tydfil, periodically. The Local Health Authority will negotiate with the Regional Hospital Board regarding this matter.

C.—NON-MEDICAL :

3.—The Local Health Authority propose to appoint as soon as practicable a woman mental health worker and, at the appointed day, a former relieving officer for work in connection with the community care of the mentally defective, including care and after-care. The latter officer will undergo training for the work. Both officers will be appointed duly authorized officers.

4.— (i) See Paragraph 3.

(ii) The staff will operate for the time being from the Merthyr Clinic, and eventually from the new Health Centre.

5.—As soon as the need has been ascertained, it is proposed to open one or more occupation centres.

D.—AMBULANCE SERVICE :

6.—The Local Health Authority Ambulance Service, as outlined in the proposals already submitted under Circular 66/47, will be available for mental health work and, in certain instances, sitting-cases will be used.

